



LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748

www.hivcommission-la.info

JOIN THE COMMISSION E-MAIL LIST

SECTION 1: CONTACT INFORMATION

1. **Name*:** _____
2. **Organization** (if applicable): _____
3. **Address*:** _____

4. **City*:** _____ **State*:** _____ **ZIP*:** _____
5. **TEL*:** () **FAX:** ()
6. **E-Mail*:** _____
7. **Cell/Mobile Phone** (optional): ()

*(Asterisked information is required to be included on the Commission e-mail list.)

SECTION 2: INTERESTS AND MAILINGS

Please indicate the purposes for which you would like to receive Commission-related information, mailings and other communications:

☐ Commission meetings

Committees:

- | | |
|--|--|
| <input type="checkbox"/> Executive Committee | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Joint Public Policy (JPP) | <input type="checkbox"/> Priorities and Planning (P&P) |
| <input type="checkbox"/> Standards of Care (SOC) | |

Other Information:

- | | |
|---|---|
| <input type="checkbox"/> Provider | <input type="checkbox"/> Public policy and advocacy |
| <input type="checkbox"/> County healthcare/services | <input type="checkbox"/> Service delivery |
| <input type="checkbox"/> Service Provider Networks (SPNs) | |
| <input type="checkbox"/> Ryan White Program | |

SECTION 3: AGREEMENTS AND CERTIFICATIONS

My signature below indicates my agreement to receive Commission on HIV information and mailings at the address(es) detailed above. I agree that it is my responsibility to inform the Commission of any change in contact information and/or which information I would like to receive. My signature below indicates my acknowledgement that the Commission does not guarantee the absolute accuracy or absence of errors in information.

Printed Name

Signature (typed or on-line signature required for electronic submissions)

Date